

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/757721	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1		1		51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8		2		2		2	58					
9		2		2		2	59					
10		2		2		2	60					
11		2		2		2	61					
12		2		2		2	62					
13		1		1		1	63					
14		1		1		1	64					
15							65					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1				3		TOTAL IND.					
TOTAL DEP.	22				16		TOTAL DEP.					
TOTAL CLAIMS	23				19		TOTAL CLAIMS					

PTO-1360 (3-79)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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